

<i>SERFF Tracking Number:</i>	<i>SFMA-125706786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>MH-23697</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MH-23697</i>		
<i>Project Name/Number:</i>	<i>MH-23697/MH-23697</i>		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: MH-23697

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Rate/Rule

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

SERFF Tr Num: SFMA-125706786

SERFF Status: Closed

Co Tr Num: MH-23697

Co Status:

Authors: Richard Haberer, Sheri Anderson

Date Submitted: 06/30/2008

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 07/02/2008

Disposition Status: Filed

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

General Information

Project Name: MH-23697

Project Number: MH-23697

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 07/02/2008

State Status Changed: 07/02/2008

Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit a corrected manual page for use in our Manufactured Home program. Specifically, we have clarified our Inflation Coverage rule regarding the rating for Replacement Cost on Personal Property when provided in conjunction with Inflation Coverage Endorsement, FE-7419. This rate is identical to that on file in our agents' manual when this coverage is provided in conjunction with Inflation Coverage Endorsement, FE-3200.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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<i>Project Name/Number:</i>	<i>MH-23697/MH-23697</i>		

Sincerely,

Kathy Popejoy
 Asst Vice Pres & Actuary
 (309)766-2325
 kathy.popejoy.a0gq@statefarm.com

Company and Contact

Filing Contact Information

Kathy Popejoy, One State Farm Plaza Bloomington, IL 61710	kathy.popejoy.a0gq@statefarm.com (309) 766-2325 [Phone] (309) 766-0225[FAX]
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Filing Company Information

State Farm Fire and Casualty Company 1 State Farm Plaza Bloomington, IL 61710 (309) 735-0649 ext. [Phone]	CoCode: 25143 Group Code: 176 Group Name: FEIN Number: 37-0533080 -----	State of Domicile: Illinois Company Type: State ID Number:
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per filing X 1 filing = \$25.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$25.00	06/30/2008	21137556

<i>SERFF Tracking Number:</i>	<i>SFMA-125706786</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07/02/2008	07/02/2008

<i>SERFF Tracking Number:</i>	<i>SFMA-125706786</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>MH-23697/MH-23697</i>		

Disposition

Disposition Date: 07/02/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFMA-125706786	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$25
Company Tracking Number:	MH-23697		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	MH-23697		
Project Name/Number:	MH-23697/MH-23697		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Rate	Manual Page	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>SFMA-125706786</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	See attached	Replacement	AR MH MANUAL PAGE.pdf

MANUFACTURED HOME PROGRAM

1. LOSS ASSESSMENT COVERAGE

Agent's binding authority is \$25,000.

ADDITIONAL AMOUNT	RATE PER \$1,000
Next \$25,000	\$ 0.10

2. INFLATION AND REPLACEMENT COST COVERAGE

Inflation and Dwelling Replacement Cost Coverage and Inflation and Dwelling/Personal Property Replacement Cost Coverage are available for renewal policyholders not meeting current eligibility requirements but already having this coverage. The rates and coverage limits included in the Personal Lines Manual apply.

Inflation Coverage Only (Renewals Only):

Inflation coverage may be added for no additional charge. Coverage on the manufactured home, other structures and contents will be increased as inflation occurs. If replacement cost on personal property coverage is provided in conjunction with this endorsement, the rates applicable to Loss Settlement Provision B1 provided in the agents' manual (Inflation/Replacement Cost on Contents) apply.

ATTACH: INFLATION COVERAGE ENDORSEMENT, FE-7419.

State Farm Fire and Casualty Company
Personal Lines Supplemental Manual
Manufactured Home Program
ARKANSAS

309-319

ARKANSAS
PSM-
//N
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	07/02/2008
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Comments:

Attachments:

AR 23697 PC TD-1 - P-C Transmittal Document.pdf
AR 23697 PC RRFS-1 - Rate-Rule Schedule.pdf

Property & Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
State Farm Insurance Companies	0176

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5. Company Tracking Number	MH-23697
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kathy Popejoy State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Actuary and Assistant Secretary- Treasurer	(309) 766-2325	(309) 766-0225	kathy.popejoy.a0gq@statefarm.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kathy Popejoy

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0
10. Sub-Type of Insurance (Sub-TOI)	04.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Manufactured Home
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14. Effective Date(s) Requested	October 1, 2008.
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	June 30, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	MH-23697
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$25.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	MH-23697
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
State Farm Fire and Casualty Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N / A
7.	Effective Date of last rate revision	N / A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N / A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	3 0 9 - 3 1 9	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	